

GRANT REPORTING FORMS and INSTRUCTIONS

MONTHLY REPORTS

Monthly reports are due to the Council office two (2) weeks after the end of the reporting period. Grant payments are made upon receipt of monthly reports that meet all reporting requirements.

*The monthly report narrative should provide information for the REPORTING PERIOD ONLY. At a minimum, the report should provide the following information. **The Monthly Report cover page will be provided to Council members so please provide a brief summary of the activities on this page.** Contact the Council office if you have any questions (605-773-6369).*

1. Describe activities conducted to meet project goals and objectives and identify outcomes. Be specific. All goals and objectives may not have activities to report each month.
2. Provide the number of individuals with developmental disabilities who were served.
3. Provide the number of contacts with other individuals and agencies (such as: parents, family members, generic service providers, etc.). For each presentation include the title/topic, to whom the presentation was made, and the number of people attending.
4. Describe how the project has coordinated efforts with other services in the area.
5. Explain any major problems that have occurred regarding the project and how you have solved or will solve these problems.
6. Include information on evaluation activities conducted and the procedure for data collection.
7. Identify products developed during the reporting period. Copies of all products should be provided.
8. Attach a schedule and/or agenda of upcoming meetings/training sessions (if appropriate).
9. Provide justification for all grant expenditures. This justification should provide an explanation of what expenditures are included for each category on the budget report for the reporting period. Refer to the "Grant Application Instructions and Forms, Budget Sheet & Narrative" for details on budget categories, etc.
10. Include the type of match utilized (cash or in-kind) and the source of the match.
11. Indicate how program income was earned. Expenditures should be itemized as they occur. Expenditures must be in line with approved project goals and objectives. Examples of program income would include, but not be limited to, registration fees and fund-raisers.

This grant reporting form is available as a Word document by contacting the Council Office at 605-773-6369 or by email at arlene.poncelet@state.sd.us

SOUTH DAKOTA COUNCIL ON DEVELOPMENTAL DISABILITIES

PROJECT REPORT - MONTHLY

Grantee Organization _____

Address _____

Project Title _____

Grant Number DD- _____ Total Project Budget _____ Federal Funds Remaining _____

Project Began _____ Project Ends _____

Reporting Period: _____

PROJECT SUMMARY: Provide a summary of activities during this reporting period only. This section must be completed. *Please note that completion of this section is a requirement for receipt of grant payments.*

Project Director's Signature _____

Date

MONTHLY BUDGET REPORT

Approved Budget: Total itemized budget costs as approved in the grant proposal.

Monthly Expenditures: Actual grant expenditures for reporting period only - federal, match and total.

Grant Expenditures	Approved Budget		Monthly Expenditures		
	Federal	Match	Federal	Match	TOTAL
Personnel					
Travel					
Contractual Services					
Operating Expenses					
Equipment					
Other					
TOTAL					

PREVIOUSLY REPORTED GRANT EXPENDITURES

Provide reporting dates and the expenditures from previous reports.

	Federal	Match	Total
Report #1 (to)			
Report #2 (to)			
Report #3 (to)			
Report #4 (to)			
Report #5 (to)			
Report #6 (to)			
Report #7 (to)			
Report #8 (to)			
Report #9 (to)			
Report #10 (to)			
Report #11 (to)			
Report #12 (to)			
TOTAL EXPENDITURES			

PROGRAM INCOME EARNED/EXPENDED (DO NOT INCLUDE GRANT AWARD PAYMENTS.)

Provide monthly reporting dates and the amount of income earned/expended.

	Earned	Expended
Report #1 (to)		
Report #2 (to)		
Report #3 (to)		
Report #4 (to)		
Report #5 (to)		
Report #6 (to)		
Report #7 (to)		
Report #8 (to)		
Report #9 (to)		
Report #10 (to)		
Report #11 (to)		
Report #12 (to)		
TOTAL		